

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H65827 (8)**

1. Corporation Name

**GERTRUDE CAPLIVSKI, M.D., P.A.**



Principal Place of Business

**6500 E. TROPICAL WAY  
PLANTATION FL 33317**

Mailing Address

**6500 E. TROPICAL WAY  
PLANTATION FL 33317**

2. Principal Place of Business		2a. Mailing Address	
21	1905 N. ATLANTIC BLVD. Suite, Apt. #, etc. # 5 E	26	1905 N. ATLANTIC BLVD. Suite, Apt. #, etc. # 5 E
22	City & State Fort Lauderdale FL	27	City & State FORT LAUDERDALE FL
23	Zip 33305	28	Zip 33305
24	Country U.S.A	29	Country U.S.A

3. Date Incorporated or Qualified <b>07/10/1985</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2579491</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CAPLIVSKI, GERTRUDE, MD  
6500 E. TROPICAL WAY  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81	Name <b>CAPLIVSKI GERTRUDE, M.D.</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>1905 N. ATLANTIC BLVD</b>
83	<b>Apt # 5 E</b>
84	City <b>FORT LAUDERDALE</b>
85	Zip Code <b>FL 33305</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLIVSKI, GERTRUDE, MD	1.2 NAME	CAPLIVSKI GERTRUDE, M.D.
STREET ADDRESS	6500 E. TROPICAL WAY	1.3 STREET ADDRESS	1905 N. ATLANTIC BLVD # 5 E
CITY- ST- ZIP	PLANTATION FL	1.4 CITY- ST- ZIP	FORT LAUDERDALE FL 33305
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sandra B. Morham* PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 96 (954) 985-6261  
(954) 565-3867  
Date Daytime Phone

CR2E034 (12/95)